

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		6800	3/2/00
RESPONSE FORMALITY REVIEW			6-7

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Original	Date
1	✓	11/20/99
2	✓	11/20/99
3	✓	11/20/99
4	✓	11/20/99
5	✓	11/20/99
6	✓	11/20/99
7	✓	11/20/99
8	✓	11/20/99
9	✓	11/20/99
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96	✓	11/20/99
97	✓	11/20/99
98	✓	11/20/99
99	✓	11/20/99
100	✓	11/20/99

Claim	Original	Date
51	✓	11/20/99
52	✓	11/20/99
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Claim	Original	Date
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If more than 150 claims or 10 actions
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